



**CITY OF SAN MARCOS
HOMEBUYER ASSISTANCE LOAN
APPLICATION & ELIGIBILITY VERIFICATION FORM**

APPLICANT INFORMATION	
Applicant Name: (Legal Name)	
Co-Applicant: (Legal Name)	
Current Residence Address:	
Co-Applicant Address:	
Preferred Phone Number:	
Other Phone Number:	
E-Mail Address:	

PROPERTY TO BE PURCHASED (MUST BE IN SAN MARCOS CITY LIMITS)	
Property Address: (Street Address)	
Hays Co Appraisal District Property ID # (If known):	R-
Year Constructed:	
Type of Structure:	<input type="checkbox"/> SINGLE-FAMILY OTHER: _____ <input type="checkbox"/> TOWNHOUSE OR CONDOMINIUM
Located in Flood Zone:	<input type="checkbox"/> YES (MUST BE ELEVATED IF IN 100-YR FLOODPLAIN) <input type="checkbox"/> NO
Sales Price:	\$
Seller's Name:	
Broker/Realtor:	
Phone Number:	
Mortgage Lender:	
Contact Name:	
Mortgage Lender Phone:	
Anticipated Closing Date:	

APPLICANT'S PRIOR RESIDENCE 3-YEAR HISTORY	
List the address of each residence lived in by the applicant and each co-applicant during the last three years.	
1.	
2.	
3.	

HOMEBUYER ASSISTANCE ELIGIBILITY:

Please indicate which of the following eligibility criterion qualifies applicant as a first-time homebuyer:

_____ (Write the letter of the eligibility category found below)

A.	An individual who has had no ownership in a principal residence during the 3-year period ending on the date of purchase of the property. This includes a spouse (if either meets the above criteria, they are considered first-time homebuyers)
B.	A single parent who has only owned with a former spouse while married.
C.	An individual who is a displaced homemaker and has only owned with a spouse. A displaced homemaker is defined as an adult who has not, within the preceding two years, worked on a full-time basis as a member of the labor force for a consecutive twelve-month period and who has been unemployed or underemployed, experienced difficulty in obtaining or upgrading employment and worked primarily without remuneration to care for his or her home and family.
D.	An individual who has only owned a principal residence not permanently affixed to a permanent foundation in accordance with applicable regulations.
E.	An individual who has only owned a property that was not in compliance with state, local or model building codes and which cannot be brought into compliance for less than the cost of constructing a permanent structure.

HOUSEHOLD COMPOSITION		
List everyone who will reside during the next twelve months in the house to be purchased.		
Applicant:		
Co-Applicant:		
Name:		DOB:
Name:		DOB:
Name:		DOB:
Name:		DOB:
Name:		DOB:

Are there any additional residents expected to join this household within the next twelve months (for example, birth, adoption, marriage)?

☐ No

☐ Yes If yes, please explain:

Total Number in Household: _____

Are all residents citizens or legal residents of the United States?

☐ Yes

☐ No If no, please explain:

ANNUAL INCOME			
Annual income is the gross amount of income of all adults (18 and older) who will reside in the residence that is anticipated to be received during the next twelve months. This includes wages, salaries, tips, alimony, child support, military income, part-time income, Social Security, SSI, TANF, and any other source(s) of income. Food stamps are not considered income. The attached appendix pages provide information on how income is calculated.			
WAGE EARNER NAME	SOURCE OF INCOME	RATE OF PAY/PER ____	PAYMENT BASIS (WEEKLY/MONTHLY)

ASSETS			
Assets are cash or non-cash items that can be converted to cash. When assets are included in the calculation of Annual Income, it is the income earned from the asset – not the value of the asset – that is counted. Assets that must be reported include savings and checking account balances, equity in rental properties, cash value of stocks, bonds, treasury bills, IRA & Keogh accounts, retirement and pension funds, cash value of life insurance policies available before death, personal property held as investments, and lump sum or one-time payments.			
NAME ON ACCOUNT	CHECKING/SAVINGS ACCOUNT & BANK NAME	LAST 4 DIGITS IN ACCOUNT #	CURRENT BALANCE

OTHER ASSETS			
Non-Cash Items that can be converted to cash (such as gems, coin collections, antique cars, boats, etc.)			
ASSET OWNER	TYPE & SOURCE	CASH VALUE	ANNUAL INCOME FROM ASSET

<p align="center">HOW TO DETERMINE IF YOUR HOUSEHOLD IS INCOME-ELIGIBLE</p>
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- Find the column with the total number of persons who will reside in the household.
- The total household income (annual adjusted gross income) cannot exceed 80%.
- Eligibility for this assistance is dependent upon the ability to be approved for a mortgage loan; the mortgage-to-income and debt-to-income ratios, and other criteria.

City of San Marcos - FY 2019 Income Limits Summary

Median Family Income: Austin-Round Rock MSA = \$95,900



Effective: June 28, 2019

Percent AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80%	\$52,850	\$60,400	\$67,950	\$75,500	\$81,550	\$87,600	\$93,650	\$99,700

AFFIRMATIVE ACTION INFORMATION

This information is requested in order to comply with the US Department of Housing and Urban Development's (HUD) requirements. Answers to the following questions are not used to determine eligibility for program assistance. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you elect to not provide this information, please initial below.

_____ I do not wish to furnish the information requested below.
(Applicant Initials)

Head of Household Information

Name: _____

- ☐ Male
☐ Female

Ethnicity of Head of Household: (Choose one)

- ☐ Hispanic – A person of Mexican, Cuban, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply.
☐ Non-Hispanic – A person NOT of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race of Head of Household: (Choose one):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/ African American & White | <input type="checkbox"/> American Indian / Alaskan Native & White |
| <input type="checkbox"/> American Indian / Alaskan Native & Black/African American | <input type="checkbox"/> Other Multi-racial |

Household Special Needs (includes everyone living in the owner's household):

- ☐ One or more people living in this household are elderly (62 or older).
☐ One or more people living in this household have a disability.

CERTIFICATIONS

- I have received and reviewed the Homebuyer Assistance Program Policies and Procedures.
- I understand that the Homebuyer Assistance loans are granted on a first-come, first-serve basis as funding permits and that submission of this application is not a guarantee of funding.
- I understand that giving incorrect information (a false statement) either deliberately or carelessly in this application or in any other form or statement made by me in connection with this application may be a federal violation that could be punished by a fine and/or may cause the application to be denied. Discovery of a false statement after I have received funding may result in the immediate termination of my loan which would make the entire balance of the loan due and payable immediately in addition to any criminal penalty imposed by law.

By signing this application, I authorize the City of San Marcos homebuyer program staff to obtain information from a third party as may be necessary to process this application for a Homebuyer Assistance Loan.

Applicant Signature

Date

Co- Applicant Signature

Date

Zero Income Certification

To be filled out ONLY if there is an adult member of the household who has no income from any source.

Applicant Name: _____

Household Member Name (if not applicant): _____

A "Zero Income Certification" must be completed and signed by *each* household member age 18 or older who has no income from any of the sources listed below.

WARNING: Title 18, Section 1001 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U. S. Government.

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.)
 - b. Income from the operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments other than food stamps.
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (including Avon, Mary Kay, etc.)
 - j. Any other source not named above; AND;
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Applicant's Certification:

Under penalty of perjury, I hereby certify that the information provided in this Zero Income Certification is true, correct, and complete.

Signed: _____

Date: _____